

Common Questions about the Minneapolis VA Health Care System Residency Programs

1. Where is the Minneapolis VA Hospital Located?

Our address is One Veterans Drive, Minneapolis, MN 55417. We are located a few blocks west of the Mississippi River and conveniently on both the light rail and bus lines. (Intersection of MN HWY 55 and 62, just north of the MPLS/St. Paul Airport and Mall of America). Free on-site parking is available.

2. What is the purpose statement of the pharmacy residency program?

- a. *PGY-1 Pharmacy Residency*: The purpose of the PGY-1 Pharmacy Residency Program at MVAHCS is to develop a clinical pharmacist competent to practice in an acute care, ambulatory care or geriatric care setting. The resident will have a foundation of clinical and practice management skills and will be trained to be proficient educators, preceptors and mentors to patients, pharmacy students and other professionals.
- b. *PGY-1 Pharmacy Residency - Mental Health Track*: The purpose of the PGY-1 Pharmacy Residency Program at MVAHCS is to develop a clinical pharmacist competent to practice in an acute care, ambulatory care or geriatric care setting or a PGY-2 Psychiatric pharmacy residency program. The resident will have a foundation of clinical and practice management skills and will be trained to be proficient educators, preceptors and mentors to patients, pharmacy students and other professionals.
- c. *PGY-1 Rural Health/Ambulatory Care*: The purpose of the PGY-1 Pharmacy Residency Program at MVAHCS is to produce a clinical pharmacist competent to practice in an ambulatory setting with specialized training and experience in a rural health care setting. The resident will have a foundation of clinical and practice management skills and will be trained to be proficient educators, preceptors and mentors to patients, pharmacy students and other professionals.
- d. *PGY-2 Psychiatric Pharmacy Residency*: The purpose of this post graduate year two (PGY-2) Psychiatric Pharmacy Residency Program is to produce a psychiatric pharmacist who functions as a practice leader, is equipped to practice in all care settings and through care transitions, and focuses on patient centered care through interdisciplinary team development, education, and medication therapy optimization.

3. Is the residency program accredited?

- a. Yes! Our PGY-1 Pharmacy Residency has been accredited since 1963 (Est. 1963)
- b. Our PGY-1 Mental Health track is a component of our PGY-1 Pharmacy Residency program and thus is accredited. (Est. 2012)
- c. Yes! Our PGY-1 Rural Health program has been accredited since 2011 (Est. 2010)
- d. Our PGY-2 Psychiatric Pharmacy position is currently in candidate status! Once accreditation is received, this will be retroactive to the 2013-2014 year (Est. 2013)

4. How does the PGY-1 Mental Health Track differ from the PGY-1 General Residency?

The PGY-1 Pharmacy Resident with the Mental Health track completes the same core rotations as the PGY-1 Pharmacy Residents but some electives and staffing requirements have a focus in mental health care. Throughout the year, the resident works closely with the PGY-2 Psychiatric Pharmacy Resident as well as Mental Health services through an interprofessional curriculum.

5. How many residents are recruited?

A total of 6 residents: We are currently recruiting four PGY-1 residents (one with the Mental Health track), one PGY-1 rural health/ambulatory care resident, and one PGY-2 Psychiatric Pharmacy resident.

6. How many applicants typically apply each year?

About 50 candidates apply each year for our positions with numbers increasing annually.

7. What are the pharmacy residency application requirements and how do I apply?

- a. Full application requirements can be found on our website at:
<http://www.minneapolis.va.gov/education/pharmacy.asp>.
- b. Requirements to be eligible to participate in this program include:
 - i. Register with ASHP Resident Matching Program
 - ii. Doctor of Pharmacy degree
 - iii. U.S. citizenship
 - iv. Pharmacy licensure or test eligible
- c. We utilize PhORCAS for the application process

8. What benefits are residents eligible for?

- a. Health insurance, life insurance, dental insurance, vision insurance
- b. Residents accrue 4 hours of sick leave and 4 hours of vacation each 2 week pay period
- c. Residents are eligible for vacation days on federal holidays
- d. Travel and registration reimbursement for national and local meetings
- e. Rice Lake PGY1: Housing is supported in Rice Lake, WI

9. What is the resident stipend?

- a. PGY-1 Resident: \$43,546
- b. PGY-2 Resident: \$47,174

10. Does the Minneapolis VAHCS interview interested candidates?

Yes. However, unfortunately due to the sheer number of applicants, we are unable to interview all candidates. After all applications are received, we carefully review the submissions and contact a selection of candidates for an onsite interview.

11. Are site tours offered before interview?

Yes! We believe if you are unable to complete rotations at our facility as a student, it is important to visit our facility before applying. We will be offering two scheduled tour dates: Friday, November 22nd and Monday, December 23rd. If you are interested in scheduling a tour, please contact PGY-1 Residents.

12. Does the Minneapolis VAHCS pharmacy residency program participate in the match?

Yes.

13. Are residents able to complete rotations at other sites?

Due to the structure and funding of our residency program, we are unable to offer rotations offsite. However, we do our best to accommodate residents with specific goals and desired experiences during their elective rotations and through focused longitudinal experiences.

14. Is BLS/ACLS mandatory?

All residents will undergo BLS/ACLS training as part of residency orientation.

15. What is the staffing requirement?

PGY-1 General Residents traditionally have been required to staff inpatient every 4 weekends. They will also staff one-half day per week (varied locations) while on rotations. The PGY-1 Rural Health/Ambulatory Care Resident performs their staffing duty with the outpatient pharmacy on a custom schedule. The PGY-2 Resident has no formal requirement for staffing duties but may be called upon to staff inpatient if needed.

Staffing requirements may adjust based on departmental needs or quality improvement initiatives.

Any staffing modifications will be bound by the *ASHP Pharmacy Specific Duty Hours Requirements*:

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

16. What are some examples of previous resident projects?

List of Residents & Corresponding Projects for the last six years (2008-2013)

2013-2014

Samantha Bartusek - Implementation of procalcitonin testing and the effects on antibacterial prescribing patterns in medical intensive care unit (MICU) patients

Nicholas O'Rourke - Effectiveness of a pharmacist led hypnotic medication taper in conjunction with cognitive behavioral therapy for insomnia (CBTI) in primary care patients

Rachelle Kunde - Fibrate use in an ambulatory care setting: a patient centric approach to deprescribing of potentially inappropriate use of fibrate therapy

Jacob Held & Lindsey Hall - Impact of a pharmacist run metabolic clinic in patients with serious mental illness (SMI)

2012-2013

Jacob Held – Pilot of a Pharmacist Driven Antimicrobial Stewardship Program at the Minneapolis VAHCS

Lisa Samaroo – Feasibility of the Integration of a Pharmacist into the Minneapolis VAHCS Hepatitis C Clinic

Andyrose Fernandes-Reese – Intensive Diabetes Medication Management by a Pharmacist in the Community Living Center

Michael Macmillan – Creation of a Real Time Clinical Dashboard for Identifying Hypertensive Patients Above Goal to Improve Access to Care

2011-2012

Amita Shenai - Interdisciplinary Approach to Cholesterol Management through Shared Medical Appointments

Amy Leuthner – Impact of Pharmacist on Diabetes Patients in a Rural Health Setting

Duyen Truong - Adherence to Clopidogrel Criteria for Use at the Minneapolis VA Health Care System (MVAHCS) and Risk of Bleeding

Lindsey Chezick – Implementation of Shared Medical Appointments for the Management of Gout Patients

2010-2011

Jema Marsolek - Utilization of a Patient-Centered, Team-Based Approach to Develop and Implement a Pharmacist-Managed Primary Care Tobacco Cessation Clinic

Beth Kauffman - Assessment of Compliance with Evidence-Based Therapies for Inpatient Treatment of COPD Exacerbations

Megan Clairmont – Enoxaparin outcomes in patients with moderate renal impairment

Preethi Krishnan - Optimizing Patient Recruitment Strategies And Titrating Medications To Optimal Doses In The Primary Care Heart Failure Medication Titration Clinic

2009-2010

Kate O'Brien - Implementation of a Primary Care Pharmacist-Run Heart Failure Clinic

Joey Thorson – Cystatin C versus Serum Creatinine for Estimating GFR in Certain Patient Populations to aid in Vancomycin Dosing

Elizabeth Welch – Retrospective Analysis of Management of Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar State at the Veteran Affairs Medical Center Minneapolis, MN

2008-2009

Jocelyn Mohs – Prevention of Venous Thromboembolism: Comparison of Minneapolis VAMC Current Practice versus ACCP Evidence-Based Recommendations

Meredith Eilertson – Evaluation of a Computerized Decision Support System for Antimicrobial Prescribing

Rebecca Marraffa – Cystatin C as a predictor of serum Vancomycin concentration in patients with potentially reduced creatinine production

17. What are some of your past residents doing now?

2005-2006	Laura Trayner	Pharm Practice	Associate Professor Pharmacy Practice Concordia University Wisconsin SOP
	Nikki Buchanan	Pharm Practice	Discharge Clinical Pharmacist, MVAHCS
	Tess Kemp	Pharm Practice	Ambulatory Care Clinical Pharmacist, MVACHS
2006-2007	Jennifer Platt	PGY-1	Clinical Program Manager Residency Program Director, MVAHCS
	Inna Rubinshteyn	PGY-1	Inpatient Clinical Pharmacist, Surgery, MVAHCS
	Daniel Mansour	Geriatrics	Relocation to Maryland (home); Works with HIV population
2007-2008	Lindsey Bervig	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Grace Kim	PGY-1	Relocation to Seattle, WA, Clinical Pharmacist
	NA	Geriatrics	Transition from PGY-2 to PGY-1
2008-2009	Jocelyn Mohs	PGY-1	PGY-2 in Oncology, Fairview
	Meredith Eilertson	PGY-1	Clinical Pharmacist in Cardiology, Mayo Clinic
	Rebecca Marraffa	PGY-1, Geriatric Focus	Ambulatory Care Clinical Pharmacist, MVACHS
2009-2010	Joey Thorsen	PGY-1	Inpatient Clinical Pharmacist, MVAHCS
	Elizabeth Welch	PGY-1	Ambulatory Care Clinical Pharmacist Maplewood CBOC, MVAHCS
	Kate Hansen	PGY-1	Inpatient Clinical Pharmacist North Memorial Hospital, Robbinsdale, MN
2010-2011	Preethi Krishnan	PGY-1	Prime Therapeutics PBM, Eagan, MN
	Beth Kaufman	PGY-1	Clinical Pharmacist, MVAHCS
	Megan Clairmont	PGY-1	Oncology Clinical Pharmacist, MVAHCS
	Jema Marsolek	PGY-1	Ambulatory Care Clinical Pharmacist Minneapolis VAHCS

2011-2012	Amita Shenai	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Lindsey Chezik	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Amy Leuthner	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Duyen Truong	PGY-1	Staff Clinical Pharmacist Regions Hospital, St. Paul, MN
2012-2013	Jacob Held	PGY-1	PGY-2 Psychiatric Pharmacy, MVAHCS
	Lisa Samaroo	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Michael Macmillan	PGY-1	Ambulatory Care Clinical Pharmacist, LA VAHCS
	Andyrose Fernandes-Reese	PGY-1	

16. Who are the current residents and may I contact them with questions?

Our current residents will be happy to help answer any questions you might have!

Current PGY-1 Pharmacy Residents:

Nicholas O'Rourke
Nicholas.O'Rourke@va.gov

Samantha Bartusek
Samantha.Bartusek@va.gov

Current PGY-1 Pharmacy Resident - Mental Health Track:

Lindsey Hall
Lindsey.Hall2@va.gov

Current PGY-1 Rural Health/Ambulatory Care Resident:

Rachelle Kunde
Rachelle.Kunde@va.gov

Current PGY-2 Psychiatric Pharmacy Resident:

Jacob Held
Jacob.Held@va.gov